STAR EVENTS PARTICIPANTS

APPLIED TECHNOLOGY JUNIOR CATEGORY

Participant Information: One entry	y per chapter. One individual or team of up to three people, through	n grade 9.
Participant's name		
Mailing address		
City/State/Zip		
Phone ()	Grade level in school (2006-2007)	
Participant's name		
Mailing address		
City/State/Zip		
Phone ()_	Grade level in school (2006-2007)	
Participant's name		
Mailing address		
City/State/Zip		
Phone ()	Grade level in school (2006-2007)	
Title of project		
Check only if needed: ☐ table (one)	electrical outlet	
Adviser's name		
School		
School address		
City/State/Zip		
Mailing address		
City/State/Zip		
School Phone ()	Home Phone ()	
Special Needs:		
Name(s):		
I certify that the above members have m	net all the specifications in the event guidelines and are eligible to participat	e.
Chapter	Adviser Signature	

STAR EVENTS PARTICIPANTS

APPLIED TECHNOLOGY OCCUPATIONAL CATEGORY

Participant's name	
Mailing address	
City/State/Zip	
Phone ()	Grade level in school (2006-2007)
Participant's name	
Mailing address	
City/State/Zip	
Phone ()	Grade level in school (2006-2007)
Participant's name	
Mailing address	
City/State/Zip	
Phone ()	Grade level in school (2006-2007)
Title of project	
Check only if needed: ☐ table (one)	☐ electrical outlet
What Family and Consumer Sciences Occup- support your project?	ational classes/coursework have you completed or are currently enrolled in which
How do these classes relate to your project?	
Adviser's name	
School	
School address	
City/State/Zip	
Mailing address	
City/State/Zip	
School Phone ()	_ Home Phone ()
Special Needs:	
Name(s):	
I certify that the above members have met all the	specifications in the event guidelines and are eligible to participate.
Chapter	Adviser Signature

STAR EVENTS PARTICIPANTS

APPLIED TECHNOLOGY SENIOR CATEGORY

Participant Information: One entry per	chapter. One individual or team of up to three people, grades 10-1	2.
Participant's name		
Mailing address		
City/State/Zip		
Phone ()	Grade level in school (2006-2007)	
Participant's name		
Mailing address		
City/State/Zip		
Phone ()	Grade level in school (2006-2007)	
Participant's name		
Mailing address		
City/State/Zip		
Phone ()	Grade level in school (2006-2007)	
Title of project		
Check only if needed: ☐ table (one)	☐ electrical outlet	
Adviser's name		
School		
School address		
City/State/Zip		
Mailing address		
City/State/Zip		
School Phone ()	Home Phone ()	
Special Needs:		
Name(s):		
I certify that the above members have met all	the specifications in the event guidelines and are eligible to participate.	
 Chapter	Adviser Signature	

STAR EVENTS PARTICIPANTS

CAREER INVESTIGATION JUNIOR CATEGORY

Please type or print all information.

Chapter

Participant Information: For SD – up to three entries per chapter are allowed in Junior Category- through grade 9. Participant's name Mailing address _____ City/State/Zip _____ Phone (_____) Grade level in school (2006-2007) _____ Title of Career Investigated_____ **Check only if needed:** ☐ table (one) ☐ electrical outlet School ____ School address _____ City/State/Zip _____ Mailing address _____ School Phone (____)____Home Phone (____) Special Needs: I certify that the above member has met all the specifications in the event guidelines and is eligible to participate.

Adviser Signature

STAR EVENTS PARTICIPANTS

CAREER INVESTIGATION SENIOR CATEGORY

Please type or print all information.

Participant Information: For SD-up to three entries per chapter are allowed in Junior Category- through grade 12.

Participant's name			
Mailing address			
City/State/Zip			
		Grade level in school (2006-2007)	
Fitle of Career Investiga	nted		
Check only if needed:	☐ table (one)	☐ electrical outlet	
Adviser's name			
School			
School address			
City/State/Zip			
		Home Phone ()	
Special Needs:			
Name(s):			
certify that the above me	ember has met all the s	pecifications in the event guidelines and is eligible	to participate.
Chapter		Adviser	Signature

STAR EVENTS PARTICIPANTS

CHAPTER SERVICE PROJECT DISPLAY - JUNIOR CATEGORY

Please type or print all information.

Participant Information: One entry per chapter. Up to three people, through grade 9, may represent the chapter. Please include names of team members.

Chapter nam	ne				
Parti	cipant's nar	me			
Maili	ng address				
City/s	State/Zip _				
Phon	e ()		Grade lev	rel in school (2006-2007) _	
Parti	cipant's nar	me			
Maili	ng address				
City/S	State/Zip _				
Phon	e ()		Grade lev	rel in school (2006-2007) _	
Partio	cipant's nar	me			
Maili	ng address				
City/s	State/Zip _				
Phon	e ()_		Grade lev	rel in school (2006-2007) _	
Title of proje	ct				
Type of displa	y:	☐ free standing	☐ tabletop	Check only if needed:	☐ electrical outlet
Adviser's nam	e				
School					
School addres	SS				
City/State/Zip					
Mailing addres	ss				
City/State/Zip					
School Phone	()		Home Phone ()	
Spec	ial Needs:				
Nam	e(s):				
certify that th	e above m	embers have met all th	e specifications in the	event guidelines and are e	ligible to participate.
Chap	oter			Advise	er Signature

STAR EVENTS PARTICIPANTS

CHAPTER SERVICE PROJECT DISPLAY - OCCUPATIONAL CATEGORY

Please type or print all information.

Participant Information: One entry per chapter. Up to three people, grades 10-12, may represent the chapter. Please include names of team members.

Chapter name					
Participant's nam	ne				
Mailing address _					
City/State/Zip					
Phone ()		Grade le	vel in school (2006-2007) _		
Participant's nam	ne				
Mailing address _					
City/State/Zip					
Phone ()_		Grade le	vel in school (2006-2007)		
Participant's nam	ne				
Mailing address _					
City/State/Zip					
Phone ()_		Grade le	vel in school (2006-2007) _		
Title of project					
support your project?			sework have you completed		
Adviser's name					
School					
School address					
City/State/Zip					
Mailing address					
City/State/Zip					
School Phone ()		Home Phone ()		
Special Needs: _					
Name(s):					
I certify that the above me	mbers have met all th	e specifications in the	event guidelines and are el	ligible to participate.	
Chapter			Advise	er Signature	

STAR EVENTS PARTICIPANTS

CHAPTER SERVICE PROJECT DISPLAY - SENIOR CATEGORY

Please type or print all information.

Participant Information: One entry per chapter. Up to three people, grades 10-12, may represent the chapter. Please include names of team members.

Chapter name					_
Participant's nan	ne				_
Mailing address					_
City/State/Zip					_
Phone ()		Grade le	vel in school (2006-2007) _		_
Participant's nan	ne				_
Mailing address					_
City/State/Zip					
Phone ()		Grade le	vel in school (2006-2007) _		
Participant's nan	ne				_
Mailing address					_
City/State/Zip					
Phone ()_		Grade le	vel in school (2006-2007) _		
Title of project					
Type of display:	☐ free standing	☐ tabletop	Check only if needed:	☐ electrical outlet	
Adviser's name					
School					
School address					
City/State/Zip					
Mailing address					
City/State/Zip					
School Phone ()		Home Phone ()		
Name(s):					
I certify that the above me	embers have met all the	e specifications in the	event guidelines and are el	ligible to participate.	
Chapter			Advise	er Signature	

STAR EVENTS PARTICIPANTS

CHAPTER SERVICE PROJECT MANUAL - JUNIOR CATEGORY

Please type or print all information.

Participant Information: One entry per chapter. Up to three people, through grade 9, may represent the chapter. Please include names of team members.

Chapter name	
Participant's name	
Mailing address	
City/State/Zip	
Phone ()	Grade level in school (2006-2007)
Participant's name	
Mailing address	
City/State/Zip	
Phone ()	Grade level in school (2006-2007)
Participant's name	
Mailing address	
City/State/Zip	
Phone ()	Grade level in school (2006-2007)
Title of project	
Adviser's name	
School	
School address	
City/State/Zip	
Mailing address	
City/State/Zip	
School Phone () Ho	me Phone ()
Special Needs:	
Name(s):	
I certify that the above members have met all the specific	fications in the event guidelines and are eligible to participate.
Chapter	Adviser Signature

STAR EVENTS PARTICIPANTS

CHAPTER SERVICE PROJECT MANUAL - OCCUPATIONAL CATEGORY

Please type or print all information.

Participant Information: One entry per chapter. Up to three people, through grades 10-12, may represent the chapter. Please include names of team members.

Chapter name		
Participant's name		
Mailing address		
City/State/Zip		
Phone ()_	Grade level in school (2006-2007)	
Participant's name		
Mailing address		
City/State/Zip		
Phone ()	Grade level in school (2006-2007)	
Participant's name		
Mailing address		
City/State/Zip		
Phone ()_	Grade level in school (2006-2007)	
Title of project		
What Family and Consumer Sciences Occusupport your project?	upational classes/coursework have you completed or are currently enrolled in wh	icl
How do these classes relate to your project		-
Adviser's name		
School		
School address		
City/State/Zip		
Mailing address		
City/State/Zip		
School Phone ()	Home Phone ()	
Special Needs:		
Name(s):		
I certify that the above members have met all th	e specifications in the event guidelines and are eligible to participate.	
Chapter	Adviser Signature	

STAR EVENTS PARTICIPANTS

CHAPTER SERVICE PROJECT MANUAL - SENIOR CATEGORY

Please type or print all information.

Participant Information: One entry per chapter. Up to three people, grades 10-12, may represent the chapter. Please include names of team members.

Chapter name	
Participant's name	
Mailing address	
City/State/Zip	
Phone ()	Grade level in school (2006-2007)
Participant's name	
Mailing address	
City/State/Zip	
Phone ()	Grade level in school (2006-2007)
Participant's name	
Mailing address	
City/State/Zip	
Phone ()	Grade level in school (2006-2007)
Title of project	
Adviser's name	
School	
School address	
City/State/Zip	
Mailing address	
School Phone ()	Home Phone ()
Special Needs:	
Name(s):	
I certify that the above members have me	et all the specifications in the event guidelines and are eligible to participate.
Chapter	Adviser Signature

STAR EVENTS PARTICIPANTS

CHAPTER SHOWCASE PROJECT DISPLAY - JUNIOR CATEGORY

Please type or print all information.

Participant Information: One entry per chapter. Up to three people, through grade 9, may represent the chapter. Please include names of team members.

Chapter name				
Participant's na	me			
Mailing address	3			
City/State/Zip _				
Phone ()		Grade lev	vel in school (2006-2007) _	
Participant's na	ıme			
Mailing address	S			
City/State/Zip _				
Phone ()		Grade lev	vel in school (2006-2007) _	
Participant's na	ıme			
Mailing address	S			
City/State/Zip _				
Phone ()		Grade lev	vel in school (2006-2007) _	
Title of project				
Type of display:	☐ free standing	☐ tabletop	Check only if needed:	☐ electrical outlet
Adviser's name				
School				
School address				
City/State/Zip				
Mailing address				
City/State/Zip				
School Phone ()_		Home Phone ()	
Special Needs:				
Name(s):				
I certify that the above m	nembers have met all th	e specifications in the	event guidelines and are e	ligible to participate.
Chapter			Advise	er Signature

STAR EVENTS PARTICIPANTS

CHAPTER SHOWCASE PROJECT DISPLAY - OCCUPATIONAL CATEGORY

Please type or print all information.

Participant Information: One entry per chapter. Up to three people, grades 10-12, may represent the chapter. Please include names of team members.

Chapter name	
Participant's name	
Mailing address	
City/State/Zip	
Phone ()_	Grade level in school (2006-2007)
Participant's name	
Mailing address	
City/State/Zip	
Phone ()	Grade level in school (2006-2007)
Participant's name	
Mailing address	
City/State/Zip	
Phone ()	Grade level in school (2006-2007)
Title of project	
Type of display: ☐ free standing	☐ tabletop
What Family and Consumer Sciences C support your project?	Occupational classes/coursework have you completed or are currently enrolled in whic
How do these classes relate to your pro	pject?
Adviser's name	
School	
School address	
City/State/Zip	
Mailing address	
City/State/Zip	
School Phone ()	Home Phone ()
Special Needs:	
Name(s):	
I certify that the above members have met a	Il the specifications in the event guidelines and are eligible to participate.
Chapter	Adviser Signature

STAR EVENTS PARTICIPANTS

CHAPTER SHOWCASE PROJECT DISPLAY - SENIOR CATEGORY

Please type or print all information.

Participant Information: One entry per chapter. Up to three people, grades 10-12, may represent the chapter. Please include names of team members.

Chapter name				
Participant's r	name			
Mailing addres	ss			
City/State/Zip				
Phone ()		Grade le	vel in school (2006-2007) _	
Participant's r	name			
Mailing addre	ss			
City/State/Zip				
Phone ()		Grade le	vel in school (2006-2007) _	
Participant's r	name			
Mailing addre	ss			
City/State/Zip				
Phone ()		Grade le	vel in school (2006-2007) _	
Title of project				
Type of display:	☐ free standing	☐ tabletop	Check only if needed:	☐ electrical outlet
Adviser's name				
School				
School address				
City/State/Zip				
Mailing address				
City/State/Zip				
School Phone ()		Home Phone ()	
Special Needs	s:			
Name(s):				
I certify that the above	members have met all the	e specifications in the	event guidelines and are e	ligible to participate.
Chapter			Advise	er Signature

STAR EVENTS PARTICIPANTS

CHAPTER SHOWCASE MANUAL - JUNIOR CATEGORY

Please type or print all information.

Participant Information: One entry per chapter. Up to three people, through grade 9, may represent the chapter. Please include names of team members.

Chapter name	
Participant's name	
Mailing address	
City/State/Zip	
Phone ()	Grade level in school (2006-2007)
Participant's name	
Mailing address	
City/State/Zip	
Phone ()_	Grade level in school (2006-2007)
Participant's name	
Mailing address	
City/State/Zip	
Phone ()_	Grade level in school (2006-2007)
Title of project	
Adviser's name	
School	
School address	
City/State/Zip	
Mailing address	
City/State/Zip	
School Phone ()_	Home Phone ()
Special Needs:	
Name(s):	
I certify that the above members have met all th	ne specifications in the event guidelines and are eligible to participate.
Chapter	Adviser Signature

STAR EVENTS PARTICIPANTS

CHAPTER SHOWCASE MANUAL - OCCUPATIONAL CATEGORY

Please type or print all information.

Participant Information: One entry per chapter. Up to three people, grades 10-12, may represent the chapter. Please include names of team members.

Chapter	Adviser Signature
I certify that the above members have met all the	specifications in the event guidelines and are eligible to participate.
Name(s):	
Special Needs:	
School Phone ()	Home Phone ()
City/State/Zip	
Mailing address	
City/State/Zip	
School	_
Adviser's name	
How do these classes relate to your project?	
	ational classes/coursework have you completed or are currently enrolled in which
	Grade level in school (2006-2007)
	Grade level in school (2006-2007)
-	
	Grade level in school (2006-2007)
·	
Chapter name	

STAR EVENTS PARTICIPANTS

CHAPTER SHOWCASE MANUAL - SENIOR CATEGORY

Please type or print all information.

Participant Information: One entry per chapter. Up to three people, grades 10-12, may represent the chapter. Please include names of team members.

Chapter name	
Participant's name	
Mailing address	
City/State/Zip	
Phone ()	Grade level in school (2006-2007)
Participant's name	
Mailing address	
City/State/Zip	
Phone ()	Grade level in school (2006-2007)
Participant's name	
Mailing address	
City/State/Zip	
Phone ()	Grade level in school (2006-2007)
Title of project	
Adviser's name	
School	
School address	
City/State/Zip	
Mailing address	
School Phone ()	Home Phone ()
Special Needs:	
Name(s):	
I certify that the above members have me	et all the specifications in the event guidelines and are eligible to participate.
Chapter	Adviser Signature

STAR EVENTS PARTICIPANTS

CULINARY ARTS OCCUPATIONAL CATEGORY

Please type or print all information.

Participant Information: Up to three entries per chapter.

Participants must have completed a course in a food service occupational training program.

Participant's name	
Mailing address	
City/State/Zip	
Phone ()	Grade level in school (2006-2007)
Number of courses taken in a	n occupational food service program
	r Sciences Occupational classes/coursework have you completed or are currently enrolled in which
How do these classes relat	e to your project?
Adviser's name	
School	
School address	
City/State/Zip	
Mailing address	
City/State/Zip	
School Phone ()	Home Phone ()
Special Needs:	
Name(s):	
I certify that the above member	has met all the specifications in the event guidelines and is eligible to participate.
Chapter	Adviser Signature

STAR EVENTS PARTICIPANTS

ENTREPRENEURSHIP JUNIOR CATEGORY

Please type or print all information.

Participant Information: One entry per chapter. One individual or team of up to three people, through grade 9, may represent the chapter.

Chapter name	
Participant's name	
Mailing address	
City/State/Zip	
Phone ()	Grade level in school (2006-2007)
Participant's name	
Mailing address	
City/State/Zip	
Phone ()	Grade level in school (2006-2007)
Participant's name	
Mailing address	
City/State/Zip	
Phone ()	Grade level in school (2006-2007)
Check only if needed: ☐ electrical outlet	
Title of business	
Adviser's name	
School	
City/State/Zip	
	Home Phone ()
concert none <u>t</u>	nome i none <u>, , , , , , , , , , , , , , , , , , ,</u>
Special Needs:	
Name(s):	
I certify that the above members have met all	the specifications in the event guidelines and are eligible to participate.
 Chapter	Adviser Signature
- · · - · - · · ·	, .aa

STAR EVENTS PARTICIPANTS

ENTREPRENEURSHIP OCCUPATIONAL CATEGORY

Please type or print all information. **Participant Information:** One entry per chapter. One individual or team of up to three people, grades 10-12, may represent the chapter.

Chapter name	
Participant's name	
Mailing address	
City/State/Zip	
Phone ()	Grade level in school (2006-2007)
Participant's name	
Mailing address	
City/State/Zip	
Phone ()	Grade level in school (2006-2007)
Participant's name	
Mailing address	
City/State/Zip	
Phone ()	Grade level in school (2006-2007)
	project?
Adviser's name	
School	
School address	
City/State/Zip	
Mailing address	
City/State/Zip	
School Phone ()	Home Phone ()
Special Needs:	
Name(s):	
I certify that the above members have me	t all the specifications in the event guidelines and are eligible to participate.
Chapter	Adviser Signature

STAR EVENTS PARTICIPANTS

ENTREPRENEURSHIP SENIOR CATEGORY

Please type or print all information.

Participant Information: One entry per chapter. One individual or team of up to three people, grades 10-12, may represent the chapter.

Chapter name	
Participant's name	
Mailing address	
City/State/Zip	
Phone ()	Grade level in school (2006-2007)
Participant's name	
Mailing address	
City/State/Zip	
Phone ()	Grade level in school (2006-2007)
Participant's name	
Mailing address	
City/State/Zip	
Phone ()	Grade level in school (2006-2007)
Check only if needed: ☐ electrical outlet	
Title of business	
Adviser's name	
School	
School address	
City/State/Zip	
Mailing address	
City/State/Zip	
School Phone () Home	Phone ()
Special Needs:	
Name(s):	
I certify that the above members have met all the specifica	tions in the event guidelines and are eligible to participate.
Chapter	Adviser Signature

STAR EVENTS PARTICIPANTS

FOCUS ON CHILDREN JUNIOR CATEGORY

Please type or print all information.

Participant Information: One entry per chapter. One individual or team of up to three people, through grade 9.

Participants must have completed a course or unit of study in child development in family and consumer sciences or a family and consumer sciences related occupations child care training program.

Participant's name	
Mailing address	
City/State/Zip	
Phone ()	Grade level in school (2006-2007)
Participant's name	
Mailing address	
City/State/Zip	
Phone ()	Grade level in school (2006-2007)
Participant's name	
Mailing address	
City/State/Zip	
Phone ()	Grade level in school (2006-2007)
Title of project	
	Occupational classes/coursework have you completed or are currently enrolled in which
How do these classes relate to your pr	oject?
Type of display: ☐ free standing	☐ tabletop
Adviser's name	
School	
School address	
City/State/Zip	
Mailing address	
City/State/Zip	
School Phone ()	Home Phone ()
Special Needs:	
Name(s):	
certify that the above members have met	all the specifications in the event guidelines and are eligible to participate.
Chapter	Adviser Signature

STAR EVENTS PARTICIPANTS

FOCUS ON CHILDREN OCCUPATIONAL CATEGORY

Please type or print all information.

Participant Information: One entry per chapter. One individual or team of up to three people, grades 10-12.

Participants must have completed a course or unit of study in child development in family and consumer sciences or a family and consumer sciences related occupations child care training program.

Participan	t's name	
Mailing ad	ddress	
City/State/	/Zip	
Phone (Grad	de level in school (2006-2007)
Participan	t's name	
Mailing ad	ddress	
City/State/	/Zip	
Phone (Grad	de level in school (2006-2007)
Participan	it's name	
Mailing ad	ddress	
City/State/	/Zip	
Phone (Grad	de level in school (2006-2007)
Γitle of project		
support your p	roject?	coursework have you completed or are currently enrolled in which
Adviser's name		
School		
School address		
City/State/Zip		
Mailing address		
City/State/Zip		
School Phone (_) Home Phone	• ()
Special Ne	eeds:	
Name(s):		
certify that the abo	ove members have met all the specifications in	the event guidelines and are eligible to participate.
Chapter		Adviser Signature

STAR EVENTS PARTICIPANTS

FOCUS ON CHILDREN SENIOR CATEGORY

Please type or print all information.

Participant Information: One entry per chapter. One individual or team of up to three people, grades 10-12.

Participants must have completed a course or unit of study in child development in family and consumer sciences or a family and consumer sciences related occupations child care training program.

Participant's name			
Mailing address			
City/State/Zip			
Phone ()		_ Grade level in school (2006	:-2007)
Participant's name			
Mailing address			
City/State/Zip			
Phone ()		_ Grade level in school (2006	:-2007)
Participant's name			
Mailing address			
City/State/Zip			
Phone ()		_ Grade level in school (2006	:-2007)
Title of project			
support your project?			
Type of display: ☐ free standing	☐ tabletop	Check only if needed:	☐ electrical outlet
Adviser's name			
School			
School address			
City/State/Zip			
Mailing address			
City/State/Zip			
School Phone ()	Home	Phone ()	
Special Needs:			
Name(s): I certify that the above mem	bers have met all the	specifications in the event g	guidelines and are eligible to participate.
Chapter			Adviser Signature

STAR EVENTS PARTICIPANTS

HOSPITALITY SENIOR/OCCUPATIONAL CATEGORY

Please type or print all information.

Participant Information: One entry per chapter. One individual or team of up to three people, grades 10-12.

Participants must have completed a course or unit of study in hospitality the in family and consumer sciences or a family and consumer sciences related occupations training program. Course work must concentrate on in-class learning and/or onthe-job training in preparation for paid employment.

Participant's name			
Mailing address			
City/State/Zip			
Phone ()		Grade level in school (2006-2007)	
Participant's name			
Mailing address			
City/State/Zip			
Phone ()_		Grade level in school (2006-2007)	
Participant's name			
Mailing address			
City/State/Zip			
Phone ()_		Grade level in school (2006-2007)	
Title of project			
What Family and Consumer Scier support your project?	nces Occupational cla	Check only if needed: ☐ electrical outlet asses/coursework have you completed or are currently enrolled in	which
Adviser's name			
School			
School address			
City/State/Zip			-
Mailing address			
City/State/Zip			-
School Phone ()	Home F	Phone ()	
Special Needs:			
Name(s):			
certify that the above members have	met all the specificati	ions in the event guidelines and are eligible to participate.	
Chapter		Adviser Signature	

STAR EVENTS PARTICIPANTS

INTERPERSONAL COMMUNICATIONS JUNIOR CATEGORY

Please type or print all information.

Participant Information: One entry per chapter. One individual or team of up to three people, through grade 9.

	Participant's name				
I	Mailing address				
(City/State/Zip				
ı	Phone ()		Grade	evel in school (200	06-2007)
ı	Participant's name				
ı	Mailing address				
(City/State/Zip				
ı	Phone ()		Grade	evel in school (200	06-2007)
1	Participant's name				
I	Mailing address				
(City/State/Zip				
ı	Phone ()		Grade	evel in school (200	06-2007)
Subject o	of project's focus (ch	eck one):			
	☐ Family	☐ Community	☐ Peers	☐ School	☐ Place of Employment
Adviser's	name				
School _					
School ac	ddress				
City/State	e/Zip				
/lailing a	ddress				
City/State	e/Zip				
School Pl	hone ()		Home Phone (_)	
	On a sint Nava I				
	Special Needs:				
	Name(s):				
certify th	nat the above members	have met all the sp	ecifications in th	e event guidelines	and are eligible to participate.
(Chapter	-			Adviser Signature

STAR EVENTS PARTICIPANTS

INTERPERSONAL COMMUNICATIONS OCCUPATIONAL CATEGORY

Please type or print all information.

Participant Information: One entry per chapter. One individual or team of up to three people, grades 10-12.

Participant's name					
Mailing address					
City/State/Zip					
Phone ()		Grade le	evel in school (200	06-2007)	
Participant's name					
Mailing address					
City/State/Zip					
Phone ()		Grade le	evel in school (200	06-2007)	
Participant's name					
Mailing address					
City/State/Zip					
Phone ()		Grade le	evel in school (200	06-2007)	
Subject of project's focus (che	eck one):				
☐ Family	☐ Community	☐ Peers	☐ School	☐ Place of Employment	
What Family and Consumer support your project?				completed or are currently enroll	led in which
How do these classes relate	e to your project?				
Adviser's name					
School					
School address					
City/State/Zip					
Mailing address					
City/State/Zip					
School Phone ()		Home Phone ()		
Special Needs:					
Name(s):					
certify that the above members				and are eligible to participate.	
,			- · · · · · · · · · · · · · · · · · · ·		
Chapter	=			Adviser Signature	

STAR EVENTS PARTICIPANTS

INTERPERSONAL COMMUNICATIONS SENIOR CATEGORY

Please type or print all information.

Participant Information: One entry per chapter. One individual or team of up to three people, grades 10-12.

Partio	cipant's name				
Mailir	ng address				
City/S	State/Zip				
Phon	ne ()		Grade	evel in school (200	06-2007)
Partio	cipant's name				
Mailir	ng address				
City/S	State/Zip				
Phon	ne ()		Grade	evel in school (200	06-2007)
Partio	cipant's name				
Mailir	ng address				
City/S	State/Zip				
Phon	ne ()		Grade	evel in school (200	06-2007)
Subject of pro	oject's focus (che	eck one):			
	☐ Family	☐ Community	☐ Peers	☐ School	☐ Place of Employment
Adviser's nam	e				
School		_			
School addres	SS				
City/State/Zip					
Mailing addres	SS				
City/State/Zip					
School Phone	()		Home Phone (_)	
Spec	ial Needs:				
Name	e(s):				
I certify that th	e above members	have met all the sp	ecifications in th	e event guidelines	and are eligible to participate.
Chap	oter				Adviser Signature

STAR EVENTS PARTICIPANTS

NATIONAL PROGRAMS IN ACTION JUNIOR CATEGORY

Participant Information: One entry per ch	apter. One individual or team of up to three people, through grade 9.
Participant's name	
Mailing address	
City/State/Zip	
Phone ()	Grade level in school (2006-2007)
Participant's name	
Mailing address	
City/State/Zip	
Phone ()	Grade level in school (2006-2007)
Participant's name	
Mailing address	
City/State/Zip	
Phone ()	Grade level in school (2006-2007)
Title of presentation	
Check only if needed: ☐ electrical outlet	
Adviser's name	
School	
School address	
City/State/Zip	
Mailing address	
City/State/Zip	
School Phone ()	Home Phone ()
Special Needs:	
Name(s):	
I certify that the above members have met all the	specifications in the event guidelines and are eligible to participate.
Chapter	Adviser Signature

STAR EVENTS PARTICIPANTS

NATIONAL PROGRAMS IN ACTION OCCUPATIONAL CATEGORY

Please type or print all information.

Chapter

Participant Information: One entry per chapter. One individual or team of up to three people, through grades 10-12. Participant's name Mailing address _____ City/State/Zip Phone (____) _____ Grade level in school (2006-2007) _____ Participant's name Mailing address ___ Participant's name _____ Mailing address _____ City/State/Zip Phone (____) _____ Grade level in school (2006-2007) _____ Title of presentation____ Check only if needed: ☐ electrical outlet What Family and Consumer Sciences Occupational classes/coursework have you completed or are currently enrolled in which support your project? _ How do these classes relate to your project? _____ Adviser's name School School address ___ City/State/Zip ___ Mailing address ___ City/State/Zip ___ School Phone (____) Home Phone (____) Special Needs: I certify that the above members have met all the specifications in the event guidelines and are eligible to participate.

Adviser Signature

STAR EVENTS PARTICIPANTS

NATIONAL PROGRAMS IN ACTION SENIOR CATEGORY

Participant Information: One entry per chapter. One individual or team of up to three people, grades 10-12.		
Participant's name		
Mailing address		
City/State/Zip		
Phone ()	Grade level in school (2006-2007)	
Participant's name		
Mailing address		
City/State/Zip		
Phone ()	Grade level in school (2006-2007)	
Participant's name		
Mailing address		
City/State/Zip		
Phone ()	Grade level in school (2006-2007)	
Title of presentation		
Check only if needed: ☐ electrical outlet		
Adviser's name		
School		
School address		
City/State/Zip		
Mailing address		
City/State/Zip		
School Phone ()	Home Phone ()	
Special Needs:		
Name(s):		
I certify that the above members have met all the	ne specifications in the event guidelines and are eligible to participate.	
Chapter	Adviser Signature	

STAR EVENTS PARTICIPANTS

EARLY CHILDHOOD OCCUPATIONAL CATEGORY

Please type or print all information.

Participant Information: SD – Up to three entries per chapter. Grades 10-12.

Participants must have been enrolled in an occupational child care course in the occupational child care field or training program (defined as full-time classroom learning or on-the-job training for high school credit),

Participant's name	
Mailing address	
City/State/Zip	
Phone ()	Grade level in school (2006-2007)
Focus of project	
Age Group: ☐ 2-3 ☐ 4-5	□ 6-8
What Family and Consumer support your project?	iences Occupational classes/coursework have you completed or are currently enrolled in which
How do these classes relate	our project?
Adviser's name	
School	
School address	
City/State/Zip	
Mailing address	
City/State/Zip	
School Phone ()	Home Phone ()
Special Needs:	
Name(s):	
certify that the above member h	met all the specifications in the event guidelines and is eligible to participate.
Chapter	Adviser Signature

STAR EVENTS PARTICIPANTS

PARLIAMENTARY PROCEDURE JUNIOR CATEGORY

Please type or print all information.

Participant Information: One entry per chapter. The team consists of four to eight members, through grade 9. Please include names of team members.

Chap	oter name		
1.	Participant's name		
		Grade level in school (2006-2007)	
2.	Participant's name		
	Mailing address		
	City/State/Zip		
	Phone ()	Grade level in school (2006-2007)	
3.	Participant's name		
	Mailing address		
	City/State/Zip		
	Phone ()	Grade level in school (2006-2007)	
4	Double in public to proceed		
4.			
		0 1 1 1 1 1 (2000 2007)	
	Phone ()	Grade level in school (2006-2007)	

5.	Participant's name	
	Mailing address	
	City/State/Zip	
	Phone ()	Grade level in school (2006-2007)
6.	Participant's name	
	Mailing address	
	City/State/Zip	
	Phone ()	Grade level in school (2006-2007)
7.	Participant's name	
	Mailing address	
	City/State/Zip	
	Phone ()	Grade level in school (2006-2007)
8.	Participant's name	
	Mailing address	
	City/State/Zip	
	Phone ()	Grade level in school (2006-2007)
Advis	er's name	
City/S	State/Zip	
Mailin	ng address	
City/S	State/Zip	
Schoo	ol Phone ()	Home Phone ()
	Special Needs:	
	Name(s):	
I cert	ify that the above members have	met all the specifications in the event guidelines and are eligible to participate.
	 Chapter	Adviser Signature
	- Tr	

STAR EVENTS PARTICIPANTS

PARLIAMENTARY PROCEDURE OCCUPATIONAL CATEGORY

Please type or print all information.

Participant Information: One entry per chapter. The team consists of four to eight members, grades 10-12. Please include names of team members.

Cha	oter name	
1.	Participant's name	
	Mailing address	
	City/State/Zip	
	Phone ()_	Grade level in school (2006-2007)
2.	Participant's name	
	Mailing address	
	City/State/Zip	
	Phone ()	Grade level in school (2006-2007)
3.	Participant's name	
	Mailing address	
	City/State/Zip	
	Phone ()	Grade level in school (2006-2007)
4.	Participant's name	
	Mailing address	
	City/State/Zip	
	Phone ()	Grade level in school (2006-2007)

5.	Participant's name	
	Mailing address	
	City/State/Zip	
	Phone ()	Grade level in school (2006-2007)
6.	Participant's name	
	Mailing address	
	City/State/Zip	
	Phone ()	Grade level in school (2006-2007)
7.	Participant's name	
	Mailing address	
	City/State/Zip	
	Phone ()_	Grade level in school (2006-2007)
8.	Participant's name	
	Mailing address	
	City/State/Zip	
	Phone ()	Grade level in school (2006-2007)
	support your project?	Occupational classes/coursework have you completed or are currently enrolled in which roject?
Adv	iser's name	
Sch	ool	
Sch	ool address	
City	/State/Zip	
Mail	ling address	
City	/State/Zip	
Sch	ool Phone ()	Home Phone ()
	Special Needs:	
	Name(s):	
I ce	rtify that the above members have	met all the specifications in the event guidelines and are eligible to participate.
	Chapter	Adviser Signature

STAR EVENTS PARTICIPANTS

PARLIAMENTARY PROCEDURE SENIOR CATEGORY

Please type or print all information.

Participant Information: One entry per chapter. The team consists of four to eight members, grades 10-12. Please include names of team members.

Mailing address City/State/Zip Phone () Grade level in school (2006-2007) 2. Participant's name Mailing address City/State/Zip Phone () Grade level in school (2006-2007)	Cha	apter name	
Mailing address City/State/Zip Phone () Grade level in school (2006-2007) 2. Participant's name Mailing address City/State/Zip Phone () Grade level in school (2006-2007) 3. Participant's name Mailing address City/State/Zip Phone () Grade level in school (2006-2007) 4. Participant's name Mailing address Mailing address Mailing address			
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Phone () Grade level in school (2006-2007) 2. Participant's name		Mailing address	
2. Participant's name		City/State/Zip	
Mailing address City/State/Zip Phone () Grade level in school (2006-2007) 3. Participant's name Mailing address City/State/Zip Phone () Grade level in school (2006-2007) 4. Participant's name Mailing address Mailing address		Phone ()_	Grade level in school (2006-2007)
City/State/Zip Grade level in school (2006-2007) 3. Participant's name Mailing address Grade level in school (2006-2007) Phone () Grade level in school (2006-2007) 4. Participant's name Mailing address	2.	Participant's name	
Phone () Grade level in school (2006-2007)		Mailing address	
3. Participant's name		City/State/Zip	
Mailing address City/State/Zip Phone () Grade level in school (2006-2007) 4. Participant's name Mailing address		Phone ()	Grade level in school (2006-2007)
City/State/Zip Grade level in school (2006-2007) 4. Participant's name Mailing address	3.	Participant's name	
Phone () Grade level in school (2006-2007) 4. Participant's name Mailing address		Mailing address	
4. Participant's name Mailing address		City/State/Zip	
Mailing address		Phone ()	Grade level in school (2006-2007)
Mailing address	4	Darticinant's name	
	4.		
City/State/ZIP			
Phone () Grade level in school (2006-2007)			

5.	Participant's name	
	Mailing address	
	City/State/Zip	
	Phone ()	Grade level in school (2006-2007)
6.	Participant's name	
	Mailing address	
	City/State/Zip	
	Phone ()	Grade level in school (2006-2007)
7.	Participant's name	
	Mailing address	
	City/State/Zip	
	Phone ()	Grade level in school (2006-2007)
8.	Participant's name	
	Mailing address	
	City/State/Zip	
	Phone ()	Grade level in school (2006-2007)
Advise	r's name	
School	address	
City/Sta	ate/Zip	
Mailing	address	
	ate/Zip	
School	Phone ()	Home Phone ()
	Special Needs:	
I certif	y that the above members ha	ve met all the specifications in the event guidelines and are eligible to participate.
	Chapter Chapter	Adviser Signature